



# EXCELLENCE IN TRANSPORTATION AWARD

Application must be received by the ITD Awards Coordinator by **February 27, 2009 at 4:00 p.m.**

## ITD Career Achievement Award - Nomination Criteria

This award recognizes an employee with 20+ years of service to ITD who has made many significant contributions to the organization and his/her peers. The employee must be currently employed by ITD or have retired within the last twelve months.

**Narrative:** Please provide a brief narrative describing the nominee's outstanding contributions and accomplishments in the following areas:

- Dedication to his/her own professional growth as well as the professional development of fellow employees
- A role model and/or mentor to others
- Advancement of ITD through innovative processes and procedures
- Recognizes when change is needed and successfully implements those changes
- Consistent performance at a high level of achievement

### Entry Requirements:

- 1.) Nomination narrative is limited to 1000 words
  - a. Photos included within the narrative document are permissible
- 2.) Narrative document to be double-spaced for readability
- 3.) Submit three stapled sets of the nomination narrative
- 4.) Submit one copy of the Nomination Application (see below)

**Judging:** The winning nomination will be selected by a panel of qualified professionals from across the transportation profession. The award winner will be officially announced at the 2009 Project Development Conference Awards Banquet held at the **Boise Centre on the Grove on April 7, 2009 from 6-8 p.m.**

### Send Entries To:

Erika Stoddard - Awards Coordinator  
Idaho Transportation Department - HQ Bridge  
(3131 W. State Street) PO Box 7129  
Boise, Idaho 83707-1129

*For questions please contact Erika Stoddard at (208) 334-8552 or [erika.stoddard@itd.idaho.gov](mailto:erika.stoddard@itd.idaho.gov)*

# Official Nomination Application

## About the Nominee:

Nominee Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Name of Individual(s) Submitting Nomination: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Application sheet must be attached to nomination to ensure proper contact information is provided on the nominee and submitting party in case further information is required.*

*Nominations for the ITD Career Achievement Award may be submitted by ITD or non-ITD parties.*